



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: ST. VINCENT WILLIAMSPORT HOSPITAL

City of Hospital: Williamsport

Year Begin: 07/01/2011 (mm/dd/yyyy format)

Year End: 06/30/2012 (mm/dd/yyyy format)

Medicare Provider Number: 1518913565

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$10814985	Contractual Allowance	\$32531130
Outpatient Patient Service Revenue	\$51580896	Other Deductions	\$5447159
Total Gross Patient Service Revenue	\$62395881	Total Deductions	\$37978289

2. Deductions From Revenue

3. Total Operating Revenue

Net Patient Service Revenue	\$21994703
Other Operating Revenue	\$483100
Total Operating Revenue	\$22477803

4. Operating Expenses

Salaries and Wages	\$9808728	Employee Benefits	\$2633506
Depreciation and Amortization	\$429768	Interest Expense	\$155756
Bad Debt	\$2422887	Other Expenses	\$6078260
Total Operating Expenses	\$21528905		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$3371785	Total Assets	\$39542118
Net Non-operating Gains over Loss	\$-415846	Total Liabilities	\$7875560
Total Net Gains	\$2955939		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$29154236	\$20224231	\$8930005
Medicaid	\$8495739	\$6454803	\$2040936
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$24745906	\$11299255	\$13446651
Total	\$62395881	\$37978289	\$24417592

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$4430	\$4739	\$-309

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	155
Number of Hospital Patients Educated	839
Number of Citizens Exposed to Health Education Messages	250

Statement Six: Charity Statement

Hospital Charity Charges	\$4541840
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$734558	\$1097974	
Subtotal	\$734558	\$1097974	\$-363416
DSH Payments	\$0		
Subtotal	\$734558	\$1097974	\$-363416
Medicare Shortfalls	\$-91662	\$10572502	
Other Government Programs	\$0	\$0	
Total	\$642896	\$11670476	\$-11027580

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0